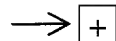


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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
With Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	HMM P-3003.3
First Named Inventor	Hopkins, John W.
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	Herewith
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.

**METHOD OF DIRECTING PATIENTS TO MEDICAL CARE**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/200,049	April 27, 2000	

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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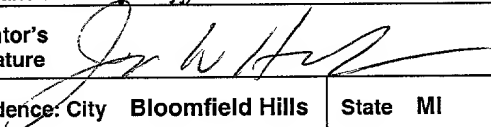
OR ☐ Correspondence address below

Name	Paul J. Ethington, Esq. Reising, Ethington, Barnes, Kisselle, Learman & McCulloch, PC		
Address	PO Box 4390		
Address			
City	Troy	State	Michigan
ZIP	48099-4390		
Country	US	Telephone	(248) 689-3500
Fax	(248) 689-4071		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	John W.		Family Name or Surname	Hopkins	
Inventor's Signature					Date 4/27/01
Residence: City	Bloomfield Hills	State	MI	Country	US
Citizenship	US				
Mailing Address	6868 Vachon Drive				
Mailing Address					
City	Bloomfield Hills	State	MI	ZIP	48301
Country	US				

NAME OF SECOND INVENTOR

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature					Date
Residence: City		State		Country	
Citizenship					
Mailing Address					
Mailing Address					
City		State		ZIP	
Country					

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT****Application Number****Filing Date****Herewith****First Named Inventor****Hopkins, John W.****Group Art Unit****Examiner Name****Attorney Docket Number****HMM P-3003.3**

I hereby appoint:

☒ Practitioners at Customer Number**23399***Place Customer  
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Label here***OR**☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.**OR**☐ Firm or  
Individual Name**Paul J. Ethington, Esq.****Reising, Ethington, Barnes, Kisselle, Learman & McCulloch, P.C.****Address****PO Box 4390****Address****City****Troy****State****Michigan****ZIP****48099-4390****Country****US****Telephone****(248) 689-3500****Fax****(248) 689-4071**

I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record****Name****John W. Hopkins****Signature****Date****4/27/01****NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.**☐ \*Total of \_ forms are submitted.